

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack					
Full Name of Contributor Michael T. Irwin				Registration Number, if PAC	
Street Address 280 S. State St	Employer/Occupation/Labor Organization* Self		M 0	D 9	Y 2
City Westerville	State O	Zip Code 43081	5	0	7
			Form(Cash,Check,etc) check		Amount 44.00
Full Name of Contributor IBEW COPE				Registration Number, if PAC	
Street Address 900 Seventh St, NW	Employer/Occupation/Labor Organization* Labor Organization		M 1	D 0	Y 1
City Washington	State D	Zip Code 20001	0	0	7
			Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor Clark Perdue Arnold & Scott LPA				Registration Number, if PAC	
Street Address 471 E. Broad St, Ste 1400	Employer/Occupation/Labor Organization* Law Firm		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	6	0	7
			Form(Cash,Check,etc) check		Amount 44.00
Full Name of Contributor Marlene Lynn				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State O	Zip Code	3	0	7
			Form(Cash,Check,etc) cash		Amount 44.00
Full Name of Contributor Edward J. Orlett				Registration Number, if PAC	
Street Address 1620 E. Broad Ste, Apt 1603	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43203	5	0	7
			Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Peter Rogers				Registration Number, if PAC	
Street Address 1609 Shelly Court	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State O	Zip Code 43235	5	0	7
			Form(Cash,Check,etc) check		Amount 75.00
Full Name of Contributor Ruth Silverman				Registration Number, if PAC	
Street Address 715 Gatehouse Lane	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43235	9	0	7
			Form(Cash,Check,etc) check		Amount 22.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 529.00